10205

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Somerset — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Lawsonia

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
STREET ADDRESS (If rural, give location): Lawsonia

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) (Last) Birch

4. DATE OF DEATH: (Month) Oct. (Day) 17 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 8, 1885

9. AGE last birthday: 65 yrs. — If under 1 year: Months 2 Days 9 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood

11. BIRTHPLACE (State or foreign country): Chincoteague, Va

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Henry Wise Birch

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Lilly Mae Birch - Crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Arteriosclerosis — Interval Between Onset and Death: 8 mos.

334 X 97 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1951, to Oct. 17, 1951, that I last saw the deceased alive on Oct. 17, 1951, and that death occurred at 11:45 P.M., from the causes and on the date stated above.

SIGNATURE: Samuel M. Peyton M.D. (Degree or title) — ADDRESS: Crisfield, Md — DATE SIGNED: Oct. 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct. 21, 1951 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Chincoteague, Va.

DATE REC'D BY LOCAL REG.: 10-19-51 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR: Howard D. Cairnton — ADDRESS: Crisfield, Md

910-126

RECEIVED
OCT 23 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10206

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Route #1
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne R.F.D. #1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Kate (Middle) May (Last) Bounds

4. DATE OF DEATH (Month) Oct (Day) 10 (Year) 1951

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Sept. 19, 1870
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery store
11. BIRTHPLACE (State or foreign country) Mt Vernon R.F.D. #1
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Orlando Fuquerso
14. MOTHER'S MAIDEN NAME Ursela Vetra

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Dolores Smith Princess Anne R.F.D. #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	24 hrs
157 × Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma Pancreas	unknown
46 g	(c) Senilit	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1/50, 19....., to 10/10, 1951, that I last saw the deceased alive on 10/9, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Thos. B. Whaleyne (Degree or title) ADDRESS Princess Anne DATE SIGNED 10/10/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/13/51
NAME OF CEMETERY OR CREMATORY Grace Episcopal Cemetery
LOCATION (City, town, or county) Princess Anne (State) R.F.D. #1

DATE REC'D BY LOCAL REG. 10/17/51
REGISTRAR'S SIGNATURE R. S. Johnson, M.D. gd.
24. FUNERAL DIRECTOR Dale Dashiell ADDRESS

201-609

10207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. (The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND Md. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne — LENGTH OF STAY (In this place) all life — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne Md — STREET ADDRESS (If rural, give location) 307 Hamden ave.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Osie	James	Dennis	Oct	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Male	col	Single	Sept. 20, 1951	36 days		36		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Princess Anne, Md — 12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: John Russell Dennis — 14. MOTHER'S MAIDEN NAME: Virginia Harold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 1 day

491 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 108 — (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — 1 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 25 19 51 to Oct 27 19 51 that I last saw the deceased alive on ....., 19....., and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Ben B. Tull M.D. — 10/27/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-28-51	Mt Carmel	Princess Anne, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/29/51	R. S. Johnson, M.D.	William H. James Jr	Princess Anne, Md

40 90 012 4836 5

JR

RECEIVED
OCT 30 1951
BUREAU V. S.

10208

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beck Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rehobeth
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Jennie (Middle) (Last) Fisher

4. DATE OF DEATH (Month) (Day) (Year) Oct. 18, 1951 19

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 24, 1881
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Turitt
14. MOTHER'S MAIDEN NAME Cordelia Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Charles Watson Salisbury, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Int. nephritis — 1 year

131a (c) Chronic myocarditis — 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis

19a. DATE OF OPERATION mm.
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Oct 18, 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE George E. Coulhun (Degree or title) ADDRESS Marion St. Md DATE SIGNED 10-19-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 20, 1951
NAME OF CEMETERY OR CREMATORY Rehobeth Presbyter
LOCATION (City, town, or county) (State) Rehobeth, Maryland

DATE REC'D BY LOCAL REG. October 19, 1951
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Leon R. Wilson ADDRESS Princess Anne, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 24 1951
BUREAU V. S.

10209

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (In this place) 58 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Somerset Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 9 E. Main St.

3. NAME OF DECEASED (Type or Print) (First) Lionel (Middle) Calvin (Last) Gibson
4. DATE OF DEATH (Month) Oct. (Day) 11, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 28, 1893
9. AGE last birthday 58 yrs. If under 1 year Months 7 Days 13 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Private Income
10b. KIND OF BUSINESS OR INDUSTRY Real Estate
11. BIRTHPLACE (State or foreign country) Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Benjamin F. Gibson
14. MOTHER'S MAIDEN NAME Olivia Batts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Anna A. Gibson. Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c) Natural Cause

William H. Coulbourn, DEPUTY MEDICAL EXAM. FOR SOMERSET COUNTY.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Was Dead when I was Called, 19..., to ..., 19..., that I last saw the deceased alive on Died Suddenly, 19..., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED Oct 14-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 14, 1951
NAME OF CEMETERY OR CREMATORY Crisfield Cem.
LOCATION (City, town, or county) Crisfield, Md. (State)
DATE REC'D BY LOCAL REG. 10-13-51
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Durward L. Covington. ADDRESS Crisfield, Md

470-146

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 15 1951
BUREAU V. S.

10210

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physician: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS: A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (In this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS Rural (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JESSIE (Middle) ALICE (Last) GUNBY
4. DATE OF DEATH (Month) (Day) (Year): Oct. 1, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	married	Nov. 1, 1884	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Rehobeth, Maryland	USA

13. FATHER'S NAME: Ogden Wilkins
14. MOTHER'S MAIDEN NAME: Laura Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Paul L. Gunby---Rural Marion, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malignancy of Liver

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

45+ (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. William H. Co[illegible]
DEPUTY MED[illegible]
FOR SOMERSET COUNTY

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Oct 1 '51, 19..., that I last saw the deceased alive on ..., 19..., and that death occurred at 3:30 p. m. from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Wm H Coulbourn	Crisfield Md	10/3/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 5, 1951	St. Paul's Episcopal	Marion, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/4/51	Betty W. Tyler	Bradshaw Funeral Parlors,	Crisfield

OCT 8 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; LENGTH OF STAY (In this place) 32 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne; STREET ADDRESS (If rural, give location) R.F.D. #2

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) Hedges

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb. 8 1863

9. AGE last birthday: 88 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Hedges

14. MOTHER'S MAIDEN NAME: Martha Kirk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Martha Foster (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 20 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

HENRY M. LANKFORD, M.D
Deputy Medical Examiner
for Somerset County

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Henry M. Lankford (Degree or title) M.D. ADDRESS Princess Anne, Md. DATE SIGNED Oct. 3 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 10-4-1951; NAME OF CEMETERY OR CREMATORY St. Andrews Cemetery; LOCATION (City, town, or county) Princess Anne (State)

DATE REC'D BY LOCAL REG. 10/3/51; REGISTRAR'S SIGNATURE R. N. Johnson, M.D.; 24. FUNERAL DIRECTOR Levin R. Hudson; ADDRESS Princess Anne, Md.

10-13-51

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
LENGTH OF STAY (in this place): [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Ann
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Lloyd (Middle) C. (Last) Johnson
4. DATE OF DEATH: (Month) Oct. (Day) 25 (Year) 1951
5. SEX: [illegible]
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]
8. DATE OF BIRTH: Jan. 12, 1903
9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: [illegible] O. Johnson
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT AND ADDRESS: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis with metastasis to river, pleura, peritoneum — 2-3 mos

159X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — 9 mos

46 (c) Carcinoma of pancreas - suspect

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none known

19a. DATE OF OPERATION: 8/15 (approx.)
19b. MAJOR FINDINGS OF OPERATION: Acute & chronic cholecystitis, enlarged pancreas, [illegible]
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/22, 1951, to 10/22, 1951, that I last saw the deceased alive on 10/22, 1951, and that death occurred at 10/29 [illegible] 2:30 pm m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: Feb. 19, 1951

23. BURIAL, CREMATION REMOVAL (Specify): [illegible]
DATE THEREOF: Oct. 25, 1951
NAME OF CEMETERY OR CREMATORY: [illegible]
LOCATION (City, town, or county) (State): [illegible]

DATE REC'D BY LOCAL REG.: 10/25/51
REGISTRAR'S SIGNATURE: R. H. Johnson, M.D.
24. FUNERAL DIRECTOR: Irvin R. Wilson — ADDRESS: Princess Ann, [illegible]

BUREAU U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 360

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
LENGTH OF STAY (in this place) 70 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Princess Anne
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Marshall (Last) Lankford
4. DATE OF DEATH (Month) Oct. (Day) 7 (Year) 1951
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 26, 1888
9. AGE last birthday 70 yrs. If under 1 year, Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Doctor
10b. KIND OF BUSINESS OR INDUSTRY Doctor
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME H. Fillmore Lankford
14. MOTHER'S MAIDEN NAME Ida Marshall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs. Henry M. Lankford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 12 hrs.

420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

940 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 7, 1951, to Oct. 7, 1951, that I last saw the deceased alive on Oct. 7, 1951, and that death occurred at 6:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] B. Wheatley M.D. Princess Anne 10/9/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 10, 1951
NAME OF CEMETERY OR CREMATORY Presbyterian Cemetery
LOCATION (City, town, or county) Princess Anne (State) Md.

DATE REC'D BY LOCAL REG. 10/9/51
REGISTRAR'S SIGNATURE R. H. Johnson M.D. Jr.
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

BURLEY V. S.

(M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; LENGTH OF STAY (In this place) 56; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) willian (Middle) T. (Last) Milbourn

4. DATE OF DEATH: (Month) oct (Day) 16 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: mar 6-1895

9. AGE Last birthday: 5-6 yrs. If under 1 year: Months 7; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mason work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): westover somerset co md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry milbourn

14. MOTHER'S MAIDEN NAME: Johana Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service) 2

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Beatrice H Milbourn marion md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	3 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus	18 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 14th, 1951, to Oct 16, 1951, that I last saw the deceased alive on Oct 13th, 1951, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

SIGNATURE: Elbow G. Mansmann (Degree or title) ADDRESS: Princess Anne, md DATE SIGNED: 10-17-51

23. BURIAL, CREMATION, REMOVAL (Specify): Bur; DATE THEREOF: Oct 18-51; NAME OF CEMETERY OR CREMATORY: Branch; LOCATION (City, town, or county) (State): Marion Sta somerset co Md

DATE REC'D BY LOCAL REG.: October 17th; REGISTRAR'S SIGNATURE: Betty Massey

24. FUNERAL DIRECTOR: Charles H ward ADDRESS: marion Md.

19 51

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Locust St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Locust St

3. NAME OF DECEASED (Type or Print) (First) William (Middle) H. (Last) Morgan

4. DATE OF DEATH (Month) Oct. (Day) 4 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower

8. DATE OF BIRTH Feb. 17, 1886

9. AGE last birthday 65 yrs. If under 1 year Months 6 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman

10b. KIND OF BUSINESS OR INDUSTRY Oysters

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Morgan

14. MOTHER'S MAIDEN NAME Betty Jane Mathews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Thomas A. Morgan, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) History of severe cold from

(c) Sleeping in outhouse

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emaciation

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7.45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn M D ADDRESS DATE SIGNED Crisfield Md

William H. Coulbourn, M. D. DEPUTY MEDICAL EXAMINER FOR SOMERSET CO. MD.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct 7, 1951

NAME OF CEMETERY OR CREMATORY Mariners Cem.

LOCATION (City, town, or county) (State) Crisfield, Maryland

DATE REC'D BY LOCAL REG. 10-6-51

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Durward J. Covington ADDRESS Crisfield, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 8 1951
BUREAU V. S.

Item 18 Film # 136 10-25-51 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every information carefully. The correct age is especially important. Physicians: please write the causes clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) 2 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Somerset Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) 104 N 4th St.

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) Darnell (Last) Page
4. DATE OF DEATH: (Month) Oct (Day) 9 (Year) 1951
5. SEX: male
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid
8. DATE OF BIRTH: Aug 28-5-1
9. AGE last birthday: yrs. 70
If under 1 year: Months 1 — Days 16 — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): C
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Crisfield Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: James Bivens
14. MOTHER'S MAIDEN NAME: Maggie Page
15. EVER IN U. S. ARMED FORCES? (Yes, no or unknown) —
16. SOCIAL SECURITY NO. (If yes, give war or dates of service)
17. INFORMANT AND ADDRESS: Deane Page Crisfield Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Peritonitis due to — 1 wk

5160 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last 119a (b) bloody diarrhea - cause unknown. (10-25-51 ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 9, 1951, that I last saw the deceased alive on Oct 9, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah M. Peyton — (Degree or title) M. D — ADDRESS: Crisfield — DATE SIGNED: 10/10/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Oct 11-1951 — NAME OF CEMETERY OR CREMATORY: Ward cemetery — LOCATION (City, town, or county) (State): Marion somerset co Md

DATE REC'D BY LOCAL REG. 10-11-51 — REGISTRAR'S SIGNATURE: Betty O. Tyler

24. FUNERAL DIRECTOR: Charles H. Ward — ADDRESS: Marion Md.

OCT 15 1
U. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marumsco
STREET ADDRESS — (If not, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) Henry (Last) Potter
4. DATE OF DEATH (Month) Oct. (Day) 27 (Year) 1951
5. SEX M.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH June 4, 1861
9. AGE last birthday 90 yrs. If under 1 year Months 5 Days 22 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood and Laborer
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Kingston
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME George Henry Potter
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 216-12-1865
17. INFORMANT AND ADDRESS Amelia Jackson, Marumsco, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Dil of Heart	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage? (Hemiplegia)	10 days
	(c) Clinic Sat Nephritis Chronic Myocarditis	Years

51X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Generic Arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19, 1951, to Oct 27, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE George C Coulbourn M D (Degree or title) ADDRESS Marion Sta Md DATE SIGNED 10/29/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 30, 1951
NAME OF CEMETERY OR CREMATORY Cottage Grove
LOCATION (City, town, or county) Westover, Somerset Co. (State) Md.
DATE REC'D BY LOCAL REG. 10/24/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H. Ward Sr. ADDRESS Marion Sta. Md.

910 -

RE
NOV 5
BU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; LENGTH OF STAY (In this place) 9 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pocomoke City; STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	—	Smith	October	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widowed	Not Known	60 (?) yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Farm	Georgia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	— —	Gabe Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Nephritis	6 mos.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) HENRY M. LANKFORD, M.D. Deputy Medical Examiner for Somerset County	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/1/51	—	Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Not Known	—		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— — m.		—

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Henry M. Lankford M.D.	Princess Anne Md.	Oct. 1, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-2-51	Asbury Wesley	Princess Anne, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10-1-51	[illegible]	William H. James Jr.	Princess Anne, Md.

RECEIVED
OCT 8 1951
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physician please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmoke City — LENGTH OF STAY (in this place) 9 Month HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	—	Smith	Oct	1	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Colored	Widow	Not known	70 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	None	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Not known	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Not known

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Nephritis	6 Month
7/2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13/6	(b)	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from....., 19....., to ....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Crisfield; STREET ADDRESS (If rural, give location) Lawsonia

3. NAME OF DECEASED (Type or Print): (First) Nicholas; (Middle) Sterling; (Last)

4. DATE OF DEATH: (Month) Oct; (Day) 23; (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jun 25 18[illegible]

9. AGE last birthday: 7[illegible] yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Crabs + Oysters

11. BIRTHPLACE (State or foreign country): Crisfield Somerset

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Rufus W. Sterling

14. MOTHER'S MAIDEN NAME: Violet Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): [illegible] If yes, give war or dates of service:

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Beulah Sterling Rural Crisfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	9 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 14, 1951, to Oct. 23, 1951, that I last saw the deceased alive on Oct. 23, 1951, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Sarah M. Peyton	M.D	Crisfield, Md	Oct. 24, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10/25/51	Binny Ridge Cemetery	Crisfield Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct 25 1951	Betty W. Tyler	Howard L. Coverdyton	Crisfield Md.

VS. A15

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lawsonia District

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural, give location) Lawsonia District

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) STERLING
4. DATE OF DEATH (Month) (Day) (Year): October 30, 1951
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 1867
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming
10b. KIND OF BUSINESS OR INDUSTRY: For Himself
11. BIRTHPLACE (State or foreign country): Crisfield, Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr. Archie Sterling-Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic interstitial nephritis — yrs -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis — yrs -

(c) Cardiac Decompensation — July 49-Oct 51

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1949, to Oct, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 6:30+ m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. S. Rawley M.D. — ADDRESS Crisfield, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov. 2, 1951 — NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery — LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REG. 11-2-51 — REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR H. Harvey Bradshaw — ADDRESS Crisfield, Md.

NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 560

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R T V
LENGTH OF STAY (in this place): 47 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Princess Anne Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Smith Stevenson
4. DATE OF DEATH (Month) (Day) (Year): 10 - 30 1951
5. SEX: male
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 3-4-1904
9. AGE last birthday: 47 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Somerset
12. CITIZEN OF WHAT COUNTRY: U S A
13. FATHER'S NAME: Isaac White
14. MOTHER'S MAIDEN NAME: Stellen Stevenson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: James Hitch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Liver (Primary) — Mhu

155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Ascites - General Malastitis

19a. DATE OF OPERATION: July 16, 1951
19b. MAJOR FINDINGS OF OPERATION: Inoperable C.A. Liver
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 16, 1951, to Oct. 30, 1951, that I last saw the deceased alive on Oct. 30, 1951, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Hen. B. Whaley M.D. — ADDRESS: Princess Anne, Md. — DATE SIGNED: 10/31/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 11-2-51
NAME OF CEMETERY OR CREMATORY: Cottage Grove
LOCATION (City, town, or county): Green Hill, (State) Md

DATE REC'D BY LOCAL REG.: 11/1/51
REGISTRAR'S SIGNATURE: R. H. [illegible], M.D.
24. FUNERAL DIRECTOR: William H. James Jr. — ADDRESS: Princess Anne Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sackertown Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Crisfield
STREET ADDRESS (If rural, give location): Sackertown Road

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) T. (Last) Thornton
4. DATE OF DEATH (Month) Oct 16 (Day) (Year) 1951
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 18, 1873
9. AGE last birthday: 77 yrs. If under 1 year: Months 11 Days 29 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Thornton
14. MOTHER'S MAIDEN NAME: Elizabeth Tyler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-9484
17. INFORMANT AND ADDRESS: Dora G. Thornton, Crisfield, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 1 wk.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Infarction

24a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1951, to Oct. 16, 1951, that I last saw the deceased alive on Oct. 16, 1951, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

SIGNATURE: Sarah W. Peyton (Degree or title) M.D. ADDRESS: Crisfield, Md. DATE SIGNED: Oct. 18, 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct. 19, 1951
NAME OF CEMETERY OR CREMATORY: Asbury Cemetery
LOCATION (City, town, or county) (State): Crisfield, Maryland
DATE REC'D BY LOCAL REG.: 10-19-51
REGISTRAR'S SIGNATURE: Betty W. Tyler
24. FUNERAL DIRECTOR: Durward S. Cornaton — ADDRESS: Crisfield, Md

1-51
BUREAU V. S.

122

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: COUNTY Somerset MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield — LENGTH OF STAY (in this place) lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital	STREET ADDRESS (If rural, give location) First St.

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) ELIZABETH (Last) TOWNSEND

4. DATE OF DEATH (Month) Oct. (Day) 22, (Year) 1951 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months / Days	If under 24 hrs. Hours / Min.
female	white	Widowed	Aug. 3, 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	Domestic	Marion, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Smith Ward	Sarah E. Miles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	----	Mrs. Ruth Reamy--RFD Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Obstructive Jaundice

X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignancy

125a (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:45 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Houlbourn Crisfield Md Oct 25/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	Oct. 25, 1951	St. Paul's Cemetery	Marion, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
10-25-51	Betty W. Tyler	H. Harvey Bradshaw, Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10224

CERTIFICATE OF DEATH

Reg. Dist. No. 269

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
LENGTH OF STAY (in this place) 62 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 62

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Artha (Middle) Sarah (Last) Waters

4. DATE OF DEATH: (Month) Oct (Day) 15 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan. 18 1889
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Austin
14. MOTHER'S MAIDEN NAME: Annie Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Mrs William Miller Pr Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinomatosis peritoneum & colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year
DUE TO
175X Antecedent cause(s) (b) Carcinoma ~~cervix~~ R.C. left ovary unknown
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
49a DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/23/51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma obstructing colostomy Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1950, to 11/15, 1951, that I last saw the deceased alive on 11/15, 1951, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE Robert Callcott (DEGREE OR TITLE) M.D. ADDRESS Princess Anne Md DATE SIGNED 11/16/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-17-1951
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) Oriole (State) Md

DATE REC'D BY LOCAL REG. 11-16-51
REGISTRAR'S SIGNATURE Wm. S. Bennett
24. FUNERAL DIRECTOR Levin R. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
NOV 19 1951
BUREAU V. S.

Item 7 Film 136 10/26/51 ww

10225

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
LENGTH OF STAY (in this place) 41
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Inda (Middle) A (Last) Williams
4. DATE OF DEATH (Month) Oct (Day) 14 (Year) 1951

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb 8-1910
9. AGE last birthday 41 yrs. If under 1 year Months 9 Days 3 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seafood work
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kingston Somerset Co Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David Whittington
14. MOTHER'S MAIDEN NAME Louise Whittington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Suel Williams Marion Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Had a severe Cold & Died

4343 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suddenly probable Heart ailment

95C (c) Was a heavy large woman

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Natural Cause

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY Yes No

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn M.D. DEPUTY MEDICAL EXAMINER FOR SOMERSET COUNTY

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on Was dead before I was called, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H. Coulbourn M.D. ADDRESS Crisfield Md DATE SIGNED Oct 14-1951

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct 16 51
NAME OF CEMETERY OR CREMATORY Waters Cemetery
LOCATION (City, town, or county) (State) Kingston Somerset Co Md

DATE REC'D BY LOCAL REG. 10/15/51
REGISTRAR'S SIGNATURE Betty Massey
24. FUNERAL DIRECTOR Charles H Ward ADDRESS Marion Md

VW 126

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 23 1931
BUREAU V. S.